

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Our Lady of the Lake
Regional Medical Ctr.
c/o Robert C. Davidge, CEO
9205 Hilltrace Avenue
Baton Rouge, LA 70809

2. Article Number

(Transfer from service label)

7006 0100 0000 8485 0968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

DAVIDGE

C. Date of Delivery

9-21-07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

alias sm, emp & armed. comp

CV-2:06 717-1D

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes